

**CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND**



Exhibit B-1

Investor Registration Change Form
Connecticut State Treasurer's Short-Term Investment Fund (STIF)

- ☐ Change in Authorized Individuals ☐ Change contact for STIF Correspondence
☐ Change in Address/Email/Phone ☐ Other _____

1. **STIF Account #:** _____
2. **Date:** _____
3. **Organization Name:** _____
4. **STIF Account Name:** _____
5. **Address:** _____
6. **Phone:** _____
7. **Fax #:** _____

8. **Contact Person to Receive STIF Correspondence:**

Name: _____	Email: _____
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9. **Individuals authorized to conduct STIF transactions: (At least 2 signatures required)**

	<u>Name</u>	<u>Signature</u>	<u>Title</u>
Add	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Delete	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Deleted individuals will be automatically restricted from on-line access.

10. **On-Line Access:** Individuals that regularly execute transactions may request to be set-up with on-line access:

- a) Would you like this account to have on-line access: ☐ Yes ☐ No
b) If you have more than one STIF account would you like them linked: ☐ Yes ☐ No

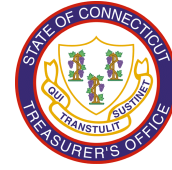
11. **Interest Instructions:** Interest to be Wired To Account # _____

- ☐ Automatic Reinvest ☐ Cut Check To: _____

12. **Authorized Officer:** _____

Signature
Print/Type Name
Title

Please verify the accuracy of all information. One signature is required for information changes. Please mail this form to: Office of the State Treasurer, STIF Administration, 55 Elm Street - 6th Floor, Hartford, CT 06106.



Investor Registration Change Form Instructions
Connecticut State Treasurer's Short-Term Investment Fund

1. **STIF Account #** is the account number assigned to your account for STIF transactions. For opening of new account(s), please use the Investor Registration New Account Form. For changes to your existing account(s), please use the Investor Registration Change Form and check the appropriate box at the top of that form.
2. **Date** is the date on which the form is completed.
3. **Organization Name** is the name of your governmental unit (e.g., town/city name or state agency name).
4. **STIF Account Name** is the name that the investor wants assigned to the account. This name may reflect the purpose for which funds are being invested (e.g., General Fund).
5. **Address** is the mailing address where the investor wants STIF correspondence directed. Please include street or post office box number, city and zip code.
6. **Phone Number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
7. **FAX number** is the telephone number at which an authorized person can be reached regarding STIF transactions.
8. **Contact Person and Email** to receive STIF correspondence, reports, and statements.
9. **Individuals authorized to conduct STIF transactions** - print/type name, original signature, and official title. There must be at least 2 names listed.
10. **On-Line access and linking of on-line accounts** - Standard on-line access maybe granted for each individual account. Investors will be issued one password per account. In the event that investors would like to have more than one authorized user have on-line access to an account, it is necessary for STIF administration to link the accounts and authorized users together. Please call a STIF representative at (860) 702-3118 who will work directly with each account to set up the initial linking. All accounts that are linked must have the same authorized individuals as transactions can be executed on any of the accounts by any authorized individual. A linking worksheet is filled out by STIF staff and verified by an authorized investor.
11. **Interest Instructions** - Indicate whether you want the interest distributed in the form of a check, automatically reinvested to your STIF account or wired into another STIF account.
12. **Authorized Officer** is the individual who is authorizing persons to conduct STIF transactions. Please provide an original signature. One signature is required to change information. Two signatures are required to change or add bank information.

PLEASE NOTE—CHANGES TO STIF ACCOUNT'S BANKING INSTRUCTIONS SHOULD BE COMPLETED USING "Investor Registration Bank Instructions Change Form" (Exhibit B-2).

Please attach additional pages if necessary. Should you have any questions about this form, please contact the STIF Administration Unit (860) 702-3118.